Massachusetts Immunization Information System

MIIS

IMMUNIZATION RECORD REQUEST FORM

The Massachusetts Immunization Information System (MIIS) is a web-based system that keeps track of all immunizations healthcare providers administer to children and adults in Massachusetts. The system was established in 2011 and is operated by the Massachusetts Department of Public Health (MDPH) according to state law (M.G.L c. 111, Section 24M).

All information in the MIIS is kept confidential among healthcare providers and other professionals involved in immunization. The law allows for the information to be shared among doctors and nurses providing your care, school nurses, local boards of health, and staff at state agencies involved with immunization (including the WIC Program). For example, it allows a new doctor to check what shots you have received in the past from other doctors. Your records will only be available to those involved in your care who have a reason to know about them.

The MDPH encourages that you request a copy of your/your child's immunization record directly from your current healthcare provider. However, you may also request a copy of your immunization record contained in the MIIS, in the form of an Immunization Certificate, from the MDPH. The Immunization Certificate includes your/your child's name, date of birth, age, gender, and immunization history (vaccine, vaccine type, and date administered) contained in the MIIS to date. In order to obtain your/your child's Immunization Certificate from MDPH, please complete this form and provide the following (please allow up to 10 business days for processing):

- A photocopy of your driver's license, or other state-issued ID, with the license number shielded or removed.
- A self-addressed stamped envelope to mail the record back to you.
- If applicable, additional documentation demonstrating your legal authority to make a request on behalf of another individual, such as an authorization for release of information.

Once your record request is received, MDPH will call you to verify your identity based on the documentation you have provided with this form.

*Please note – the Immunization Certificate generated from the MIIS may or may not be a complete representation of your/your child's most current immunization status.

According to Massachusetts state law, healthcare providers and other licensed professionals must report administered vaccinations to the state; however, since this electronic reporting system is new, it is possible your/your child's provider has not yet a) been registered to use the system or b) entered your or your child/ward's complete immunization history into the system. Therefore, MDPH may be unable to provide you with a copy of your/your child's Immunization Certificate or may only be able to provide you with a partial record. In this case, you will have to contact your/your child's healthcare provider to obtain your or your child's immunization records.

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Last	Information on Record being requested: This information is necessary to ensure the identity of the individual whose record is being requested (<i>i.e. you, your child, or individual over whom you have legal authority</i>).					
Date of Birth:	Name:					
Address: Street City State Information on Requestor of the record: This information is necessary to ensure the individual/agency has the legal authority to complete this record request. Please include documentation as appropriate to confirm legal authority. Requestor same as above – skip to Signature of Requestor, otherwise complete section below. Name: Last First Middle Relationship to individual name above: Phone: Address: Street City State Zip Signature of Requestor: This acknowledges that under the penalties of perjury that the information provided regarding your authority to request the identified immunization record is true to the best of your knowledge. I authorize the Massachusetts Immunization Information System (MIIS) to release the requested record to: Self Healthcare Provider School Other Agency Via Fax: Via Fax:	Last					
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Requestor same as above – skip to Signature of Requestor, otherwise complete section below. Name: Last	Street	City	State	Zip		
Requestor same as above – skip to Signature of Requestor, otherwise complete section below. Name: Last						
Name:						
Relationship to individual name above:	☐ Requestor same as above – skip to Signature of Requestor, otherwise complete section below.					
Relationship to individual name above:	Name:					
Address:Street City State Zip Signature of Requestor: This acknowledges that under the penalties of perjury that the information provided regarding your authority to request the identified immunization record is true to the best of your knowledge. I authorize the Massachusetts Immunization Information System (MIIS) to release the requested record to: Self		First	Middle			
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□ Self □ Healthcare Provider □ School □ Other Agency Agency Name: Via Fax:						
Agency Name: Via Fax:	I authorize the Massachusetts Immunization Information System (MIIS) to release the requested record to:					
	☐ Self ☐ Healthcare Provider ☐	□ School □ Other Agen	су			
Via Mail:Street City State Zip	Agency Name:	Via Fax:				
Street City State Zip	Vio Moile					
	Via ivialiStreet	City	State	Zip		
Signature:	Signature:		Date:			

Please return this completed form with a copy of your state issued ID to MDPH by mail or fax:

Massachusetts Immunization Information System (MIIS) Massachusetts Department of Public Health, Immunization Program 305 South Street, Jamaica Plain, MA 02130

Fax: 617-983-4301 Phone: 617-983-4335

Please allow up to 10 days to process your Immunization Record Request

MDPH INTERNAL USE ONLY:			
Date Received:			
Date Processed:			
Found in MIIS: Y N			
UST Name:			